**Mental Wellness Policy Review**

**Background**

* Charge:
	+ Conduct a comprehensive literature review on specific college policies/processes and mental wellness.
	+ Review eight SF policies/processes that involve large numbers of students.
	+ Make recommendations to the college on creating new policies/processes or revising current policies/processes to improve student mental wellness.
* Task Force Members: Kezia Awadzi, Sheila Bishop, Andrea Evangelist, Lauren Hyden, Sheryl Lee, Nance Lempinen-Leedy, Bill Stephenson, Kalpana Swamy
* Met 13 times between Sept. 5, 2023 and March 1, 2024
* Reviewed over 100 academic and institutional resources and spoke with over a dozen key SF employees, as well as Coordinating Council, College Senate, and Student Government
* Created a student mental wellness survey that garnered nearly 1000 student responses and hundreds of individual comments
* Policies and Processes considered:
	+ Policies
		- Rule 7.9: Academic Progress
		- Rule 7.11: Student Fees and Refunds
		- Rule 7.12: Fee Deferment
		- Rule 7.21: Academic Objectives and Attendance
		- Rule 7.22: Petitions Committee (Student Registration)
		- 7.27P Financial Aid Appeals Committee (Procedure)
	+ Processes
		- Third Attempt Fee Reduction and Fourth Attempt Appeals
		- Faculty Training

**Some critical findings from our literature review**

* Mental health interventions can help improve study habits, self-esteem, stress levels, and academic performance (Antunes-Alves & Langmuir, 2021).
* Finances are the second most high-impact stressor for students, behind academics (American College Health Association [ACHA], 2023), and financial stress is negatively correlated with help-seeking (Chan et al., 2017).
* The primary reason for students leaving school without earning a degree is the stress of working and pursuing a degree simultaneously (Johnson et al., 2019).
* Leave of Absence (LOA) policies can allow a student to take time for mental health care without fully withdrawing, retain funding, and reduce administrative paperwork required for re-enrollment (K. Mwango, personal communication, October 26, 2023). An LOA policy “will make it easier for students to ask for support, focus on their health and wellbeing, and take time off if they wish, knowing that they can resume their studies when they are ready” (Greenberg, 2023, para. 5).
* Students with mental health conditions have lower school attendance, and symptoms of these conditions are often the reason for absences (Lawrence et al., 2019). Additionally, rigid attendance policies can exacerbate existing mental health issues or contribute to their onset (Goodman, 2017).
* Satisfactory academic progress (SAP) policies often lack flexibility to accommodate mental health needs, resulting in disqualification and potential financial aid loss (Brochet, 2020).
* Obtaining documentation to support mental health-related SAP appeals can be difficult and time-consuming, creating additional stress for students (Perlow et al., 2021).
* Students who have experienced traumatic events or other life stressors are more likely to experience reduced academic functioning and higher dropout rates (National Academies of Sciences, Engineering, and Medicine [NASEM], 2021; Warnecke, 2018).
* Many students who experience mental health challenges are not formally diagnosed, and without a diagnosis it may be more difficult for them to provide official documentation of extenuating circumstances (NASEM, 2021). Additionally, for students who have mental health issues tied to traumatic experiences, the process of crafting a letter of explanation for petitions or appeals may serve as a triggering experience which further exacerbates the effects of their trauma (Murray, 2002).
* Faculty have an impact on students’ sense of well-being and sense of belonging, and while many believe they have a duty of care, they have concerns about the limitations of their role (Coleman, 2022; Eaton et al., 2023; Shelemy et al., 2019).
* Few colleges and universities offer standardized mental health focused training for faculty and support staff (DiPlacito-DeRango, 2016).
* Some researchers suggest that helping educators manage their own well-being and mental health may have positive impacts on students’ well-being and mental health (Blinder et al., 2017).

**Key results from the SF student survey**

* Student mental health challenges:
	+ Three-quarters feel that they have needed help with emotional or mental health challenges in the last year.
	+ Two-thirds said their academic progress has at some point been impacted by their mental health, and 18% had left the college for a period of time because of mental health challenges.
	+ Half have received a mental health diagnosis.
	+ A third have experienced a mental health crisis while at SF, though a large majority of those students say that the college was unaware.
* Student awareness of mental health resources:
	+ Only half seem certain about where to get help on campus with their mental health challenges.
	+ Most of those who indicated having received a mental health diagnosis said they did not know how to seek accommodations from the DRC.
* Perceptions about support
	+ Two-thirds feel the college is at least somewhat supportive of mental health overall, but only 18% indicate it is “very supportive.”
	+ Three-quarters say they have never accessed an SF mental health resource. However, among those who have accessed the Counseling Center, the majority (73%) describe their experience as good or excellent.
	+ The students responding were most likely to talk to professors (40%) and counselors at the SF Counseling Center (38%) if a mental health problem is impacting their academic performance. However, fewer than 20% indicate having talked to anyone at the college about mental health challenges in the last 12 months.
* Policy impacts:
	+ Many have received a notification about academic warning, probation or suspension (25%), or have experienced petition, appeal, or deferment processes (30%). In relation to each circumstance, two of five indicate that the experience had at least a somewhat negative impact on their mental health.
* Key student recommendations:
	+ Increased faculty/staff understanding and flexibility
	+ More promotion/outreach concerning campus mental health resources
	+ Improved access to mental health resources
	+ Change in policy or process:
		- Less rigid attendance policies
		- Improved financial aid appeals process
		- Leave of absence option
		- More time to withdraw and/or receive a refund
		- Additional/improved accommodations

**Recommendations**

* Overall approach
	+ Trauma-informed: recognition that the student safety, support, transparency, trust, collaboration, and empowerment are key aspects for mental wellness.
	+ Recognition that addressing student mental health challenges requires
		- flexibility
		- understanding
		- appropriate training
		- transparency and paperwork reduction
		- student awareness of services
* Key policy and process recommendations:
	+ Develop voluntary mental health or academic recovery interventions for students on academic probation, warning, or suspension, and allow students to opt-in for interventions related to their self-identified mental health conditions.
	+ Develop a Leave of Absence (LOA) policy that allows students to seek mental health care while also keeping financial aid eligibility.
	+ Update College Rule 7.21, and divide it into two distinct policies on student attendance and course objectives/learning outcomes. The former should recognize the critical value of attendance but also discourage punitive attendance practices.
	+ Develop voluntary mental health or academic recovery interventions for students on academic probation, warning, or suspension, and allow students to opt-in for interventions related to their self-identified mental health conditions.
	+ Develop metrics that examine the relationship between course withdrawal and specific outcomes, such as retention and program completion, and use that data to develop strategies aimed at curbing course withdrawal.
	+ Request that students who wish to withdraw indicate a reason (e.g., through a drop-down box) so that the college can gather information and reach out where it may be helpful.
	+ Establish a formal financial aid appeals process, which includes:
		- clear eligibility criteria, specific relevant circumstances, and required documentation
		- specific steps and deadlines for completion
		- a streamlined appeals form
		- consideration of student’s mental health history
		- an appeals point of contact and a review committee
	+ Increase student awareness of right to financial appeal and appropriate contacts.
	+ Revise 3rd attempt fee reduction appeal to allow for students to appeal on 4th attempt if reduction was not provided on 3rd attempt.
	+ In relation to the updated 3rd attempt policy:
		- make intervention inevitable for relevant students, proactively notify them, and embed resource recommendations in notifications
		- allow multiple use of documents, and waiver of documents for Pell-eligible students
		- identify acceptable documents for mental health-related appeals in a manner that addresses concerns of students who lack formal diagnosis
	+ Expand available mental health trainings for faculty and staff to increase knowledge and decrease stigma and stereotypes.
	+ Augment relevant faculty development initiatives to provide practical and adaptable strategies, as well as principles for designing courses and assignments with mental health challenges in mind.
	+ Conduct surveys and focus groups to better learn about
		- Faculty and staff experience working with students who have mental health challenges
		- Student experience of faculty and staff support for mental health challenges

**Potential next steps**

* Institute a biennial Mental Wellness student survey.
* Hire case managers who can provide specialized assistance and follow-up to students with the greatest needs.
* Develop trauma informed approaches for student interactions.
* Increase efficacy of information-sharing for students about relevant services, as well as access to them.
* In the context of HR policies, use a holistic approach to support the mental health of all faculty and staff.
* Investigate offering customized training for faculty and staff who have significant mental health challenges or have had close relationships with people with significant mental health challenges.
* Consider creating a working group of faculty and staff who self-identify as having mental health challenges and/or as being neurodivergent to act as resources for students and the institution.
* Create a webpage to share the work of the Mental Wellness Policy Review Taskforce and ongoing work in this area.